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Complete and send this form, together with applicable fee(s), to: Mail

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indicated unless correct maintenance fee notifica	ed below or directed of tions.	herwise in Block 1, by	(a) specifying a new corres			should be completed where t correspondence address as aarate "FEE ADDRESS" for
909	7590 04/23 hrop Shaw Pittma	lock 1 for any change of address) $6/2012$ $n,LLP(NV)$	Fee( pape have	s) Transmittal. Thi ers. Each additional its own certificate	s certificate cannot be used l paper, such as an assignme of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
			trans	sinited to the OSF.	10 (371) 273-2883, on the d	(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/363,001 07/28/1999 STEVEN J. MOORE 019287-0320075 7561 TITLE OF INVENTION: NETWORK PERFORMANCE MONITORING						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1740	\$0	\$0	\$1740	07/23/2012
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
MEKY, MOUSTAFA M 2457			709-224000			
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 3/122) attached. ication (or "Fee Address' 2 or more recent) attache	nge of Correspondence  'Indication form  Ed. Use of a Customer	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
CA, Inc. Islandia, New York						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) a  Issue Fee Publication Fee (N Advance Order - #	o small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).			
5. Change in Entity Stat	us (from status indicated SMALL ENTITY statu	,				
	Publication Fee Nf requ	nited) will not be accepte	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in coffice.			
Authorized Signature			<sub>Date</sub> July 23, 2012			
Typed or printed name Jean-Paul G. Hoffman			Registration No. 42,663			
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